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2021

## Seniors Active Living Centers: Promoting Quality of Life through Active Living for Long-Term Care Residents in Ontario

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**Seniors Active Living Centers: Promoting Quality of Life through Active Living for Long-Term Care Residents in Ontario**

By

**Shahd Ghunim**

An Internship Paper  
Submitted to the Faculty of Graduate Studies  
through the Department of Political Science  
in Partial Fulfillment of the Requirements for  
The Degree of Master of Arts  
at the University of Windsor

Windsor, Ontario, Canada

2021

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**Seniors Active Living Centers: Promoting Quality of Life through Active Living for Long-Term Care Residents in Ontario**

by

**Shahd Ghunim**

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February 1, 2021

## DECLARATION OF ORIGINALITY

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## ABSTRACT

This paper demonstrates ideas and initiatives that seek to prove how a Seniors Active Living Center model can take part in ending the long-term care crisis in Ontario in parallel to long-term care facilities. Seniors who are 65 years and older are the fastest growing age group in Ontario, and with such a big number of older adults in need of health care, more pressure is reflected on Ontario's economy to provide them the proper care that they need; this in turn has led to the long-term care crisis. This crisis is exacerbated by ageism, alleged abuse and mistreatment of older adults, the shortage of health care workers in long-term care facilities, and most recently the COVID-19 Pandemic. The Ontario Government has also acknowledged the long-term care crisis, addressing that an investment in the healthcare sector would be worthwhile. However, the acknowledgment, along with the various studies on the crisis are considered insufficient. This paper discusses solutions that policy makers and Ontario's community must consider to eliminate the long-term care crisis, especially since situations in long-term care homes are worsening due to the COVID-19 Pandemic. Viewed from a rational-institutionalist lens, qualitative methods will be used to research how Ontario could overcome the crisis in long-term care facilities. Overall, it is concluded that the main solution to attain better health care for older adults in Ontario is to invest towards a developed Seniors Active Living Center (SALC) model in parallel to LTC homes with the support of policy makers and community activism. After this model takes off, older individuals' concerns would be treated in a serious and timely manner with more justice, respect, and consideration.

## DEDICATION

I dedicate this work to my mother Hanan, my father Maher, and my only sister Ghayad; for the struggles they had overcome for me to live a convenient life; thank you for supporting and motivating throughout the way. This work is also dedicated to the older adults of Ontario and Canada; may this paper be the bridge to a transformation of reality you longed for since generations.

## ACKNOWLEDGMENTS

I am grateful to God for all the blessings he provided me; my health, my family, my strength and perseverance. I would like to thank my advisor Dr. John Sutcliffe for his guidance throughout my placement. A special thanks to my supervisor Dr. Rebecca Major for her expertise, advice, and support throughout this process. A huge thank you to Tracey Bailey and Julie Curtis for offering me the remarkable experience of being part of their team at Community Support Centre. Additionally, thank you to Graduate Secretary Jennifer Forde, the department of Political Science at the University of Windsor, and all my caring professors for this astounding experience. Last but not least, thank you to F.A for his care, support, and encouragement.



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## LIST OF ABBREVIATIONS

ABBREVIATION 1: SALC: Seniors Active Living Center .....	
ABBREVIATION 2: LTC: Long-Term Care.....	
ABBREVIATION 3: CARP: Canadian Association for Retired Persons .....	
ABBREVIATION 4: MSAA: Ministry for Seniors and Accessibility.....	
ABBREVIATION 5: SCG: Seniors Community Grant .....	

## CHAPTER 1

### *Introduction*

The number of seniors in Canada is currently over 6 million (16 % of the total population) and is expected to reach almost 10 million by 2036 (Statistics Canada, 2019). These numbers will increase the pressure on Canada's long-term care facilities, which could prove problematic, particularly in Ontario where such facilities have unhygienic and dangerous living conditions that may yet lead to violation charges (Boisvert, 2020). Conditions in long-term care facilities have been a vital concern during the COVID-19 pandemic as many have been host to COVID-19 hot spots and outbreaks, leading to a number of deaths (CBC News, 2020; Niagara Region, 2020; CTV NEWS, 2020). The lack of proper attention and care for older adults has been an escalating crisis nationwide, especially in Ontario leading to the long-term care crisis. Many factors have caused older adults to become an invisible segment of the Canadian population. Therefore, it is critical to identify how these issues and barriers can be addressed.

A suggested solution that can combat the long-term care crisis and help with the implementation of active living with LTC is investing in Seniors Active Living Centers (SALCs). SALCs are centers that prioritize seniors' well being, health, and independence through offering various social and active programs, as well as educational learning. Recreational programs are also offered by SALCs to boost seniors well-being through an active and engaged lifestyle (The Ontario Government, 2020). According to the Canadian Association for Retired Persons (CARP), approximately 263 Senior Active Living Centers currently exist in Ontario. These centers seek to provide seniors with equitable access to health care, financial security, and freedom from ageism (CARP, 2017). Senior Active Living Centers such as Life After Fifty, Parkdale Golden Age Foundation, and Senior Active Living Center at Arnprior Regional Health Hospital offer seniors multiple indoor, outdoor, social, and active programs. When the COVID-19 pandemic first began in March 2020 and all the centers temporarily shut down, SALCs in Ontario alternatively began to offer virtual programs for members, such as chair fitness, ballet, yoga, etc. A year since the beginning of the pandemic, most SALCs in Ontario have re-opened with appropriate safety precautions and protocols to their programs to avoid COVID-19 cases among members.

Accordingly, if long-term care centers and SALCs come together by providing seniors with increased benefits and privileges of active living and enhanced care, then the likelihood of overcoming the long-term care crisis becomes more possible. Doing so requires efficient investment and proper public funding to maximize benefit. Hence, the funding process for the SALC model can be best accomplished by relying on community activism to target policy makers starting from the provincial level who can then federally lobby for the funding. This will be done by the implementation of a pilot program to test, run, and compare the results of a SALC model with other existing facilities. As long as proper investment and required safety measures are applied, SALCs would be able to provide a better environment for older adults to overcome the issues of long-term care. Some of the various methods of care that must tie LTC facilities and SALCs include waitlist reduction for members; practical focus on seniors; an increase in volunteers and care givers; transportation services; decreased social isolation; and other exclusive privileges for older adults (The Ontario Government, 2020).

By working to support the needs of older adults in LTC homes, a Seniors Active Living Center can offer a number of potential benefits; these benefits include promoting positive changes in the health and physical functioning of older adults by creating increased space for programs and activities. However, before making recommendations on this subject, it is critical to conduct thorough review of current literature to assess the various strengths and limitations of this approach when addressing the current crisis in long-term care facilities. Thus, it is important to answer a critical research question: Can Senior Active Living Centers solve or minimize the issues associated with the current long-term care facilities crisis in Ontario; can SALCs become a method to support long-term care centers?

Prime Minister Justin Trudeau acknowledged the tragic situation that exists in long-term care facilities when he stated: “Canada can do better; help is on the way for a system that right now many say is broken” (Béland, 2020). This acknowledgment demonstrates the need to address the issue at stake and prove that older adults are an important part of every community. With their hard work throughout history, older adults have paved the way for current society to become modern and convenient as it is today. Due to the constant need of care and support, many long-term care facilities have been built and continue to increase in Ontario. Although this may generally seem as a positive gesture for the senior’s community, it has had negative

consequences. During the ongoing COVID-19 Pandemic, governments around the world continue to deal with an increasing burden to protect vulnerable communities from COVID-19; this includes the invisible minorities living in nursing homes. To understand the issues that have caused a long-term care crisis in Ontario, and to understand the difficult circumstances they face in their everyday lives, recent studies about older adults living in long-term care facilities will be examined. To do this, this paper will explore the lack of proper care for older adults, illustrating how an investment in a Seniors Active Living Center model could minimize and implement active living in parallel to long-term care, which can eventually end the long-term care crisis.

Furthermore, this paper will explore the details of long-term care facilities; their problems, staff, treatment towards older adults, how they function; by whom they are funded, and the methods by which they must be enhanced. Using Ontario as a case study, an analysis of the potential benefits of a Seniors Active Living Center (SALC) with long-term care (LTC) will demonstrate how the long-term care crisis can eventually decline. This will be proven by using developed and modern methods to promote the social inclusion of older adults and no longer have them considered as an invisible segment in society. The final section of this paper explores solutions to current problems and the methods to ending the long-term care crisis. This will be explained through suggesting solutions that include attaining suitable government funding for SALCs and finding suitable sponsors for financial support. These solutions would create a more comfortable lifestyle for seniors, as SALC members would be provided care from their homes if needed. Since most older adults have weak immune systems and are at high risk of contracting COVID-19 and other diseases, it is important to identify and eliminate the reasons why this issue persists. Consequently, applying the above methods of care would hinder the possibility for seniors to contract diseases such as COVID-19, as well as would create a cost benefit by keeping them at their homes, hence saving money on health care.

The proposed solutions include modifying laws so as to enhance the lives of older adults, which will be discussed further in the paper. In correlation, this will be articulated by examining the procedure in which any center or organization would qualify to become a Seniors Active Living Center (SALC) and will list the requirements and conditions needed to apply (The Ontario Government, 2020). This paper will illustrate how an implementation of active living with LTC can eliminate the long-term care crisis through the SALC model. Additionally,



establishing a SALC model can also reform and reshape the problems in nursing facilities and ease the pressure off Ontario's community; this can be achieved through offering house owning programs for older adults with limited income instead of offering them low rent. The pressure can also be reduced through less transportation issues; less time being spent waiting to accomplish duties and responsibilities, increased practical focus on seniors, and a reduction in volunteer/care giver burn out. This paper will seek to demonstrate the potential benefits and advantages of active living that a SALC model can offer in parallel to LTC homes, especially during the COVID -19 Pandemic in Ontario.

### ***1-2 Review of Literature***

The long- term care (LTC) crisis is one of the most under reported issues in Canada, specifically in Ontario. Older individuals living in LTC homes in Ontario have been mistreated long before the spread of COVID-19. This research will cover the importance of implementing active living with long-term care through a SALC model, as well as expand on the consequences of COVID-19 in LTC homes. Dr Nathan Stall, a geriatrician at Mount Sinai Health System in Toronto concluded that one of the main limitations that have and continue to prohibit proper care for older individuals in Canada is the lack of adequate training and lack of appropriate preparation amongst trainee care givers. He further illustrates that data shows about 65% of COVID- 19 related deaths in Canada are from long-term care homes (Stall, 2020).

Unsurprisingly, although Canada had the benefit of time to act after seeing what occurred in Europe as a result of the pandemic, no proper action was taken in this regard. Fast-forward to a couple of months into the pandemic, Canada saw similar devastations to Europe in the first-class health care systems. What is problematic about this is that patients in long-term care homes in Ontario and in Canada, have comorbidities, meaning they have a high rate of cognitive impairment. Thus, because they live in such outdated and congregate locations, they lack access to enhanced expertise and hence do not qualify as a priority to critical care systems preparations (CBC NEWS, 2020 & Stall, 2020). Dr. Stall expresses that despite these tragic situations, it is mostly unlikely to see positive changes in this sector; he illustrates that Canada has seen several other tragedies that could have motivated change in its long-term care system and has yet to draw a line. The solutions needed to overcome these difficulties in long-term care homes will be provided in Chapter Four of this paper.

Additionally, one of the most vital problems facing older adults is that the working staff in most areas of long-term care—including LTC centers and nursing homes—view their job as a task. In turn, this leads to a neglect in forming a personal connection between careworkers and the seniors in those LTC facilities (Daly et al. 2012). Treating these individuals with neglect is considered improper behavior and leads to the lack of effectiveness. Hence, it is vital for LTC facilities and their staff to understand that caring for older adults must be considered a unique career that requires passion, patience, and respect for Canada's ageing population and necessitates to treat them exceptionally (Stall, Daly et al. 2012). The difficult circumstances that older adults continue to experience in LTC homes requires a more sentimental and sympathetic view from their staff as well as from Canadian society. Accordingly, Graham H and Underson (1983) address how 'care work' literature merged with service delivery begs expressions of a 'labor of love' and a 'caring for, caring about' mindset. Thus, in the hiring process of long-term care, it is vital to search for the correct and suitable candidates in this sector who will significantly contribute and commit to caring for older adults.

Essentially, working in LTC homes requires unbiased, indiscriminatory behaviour, which is often demanding and involves practical hands-on work. Typically, most main-stream welfare-state research reveals that workers who genuinely perform care services are hardly visible, and little informative knowledge about this has been found (Daly et al. 2012). Due to continuous alterations in economic principles, paid care work in Ontario remains under pressure for renovation even prior to the COVID-19 pandemic; these alterations in economic principles describe the difficulties and challenges of the daily work within LTC centers, which have been neglected (Daly et al. 2012). This is considered an explanation to why care workers nowadays have little effectiveness in LTC centers in Ontario.

Older individuals in LTC facilities are considered forgotten compared to other segments in Canadian society. In fact, this challenging issue has existed for a long time. The American gerontologist, Dr. Robert Butler, is known for his work on the rights of the elderly and for conducting research on healthy ageing; he illustrates that the two most vital challenges facing older individuals stem from two core problems: discrimination and ageism, which are a prejudice and bias by one age group toward other age groups (Butler, 1969). The connection between these two problems can cause personal or insitutional level age discrimination; this is defined as

actions that limit or deny opportunities to individuals based on age. These two challenges are related to one another as they are a construct of negative stereotypes for all different age groups. Butler further expresses his deep disappointment on how older Canadians are mistreated; he shows distress with this general situation worldwide in his work *“Age-ism: Another Form of Bigotry”* where he allegedly compares Ageism to Racism and predicts “ageism would parallel racism as the great social issue of the coming decades” (Butler, 1969). He illustrates that this form of bigotry within society tends to be overlooked, as compared to issues such as colour, class, religious rights, political rights, and gender role issues. Butler makes a connection between the two concepts and explains how dangerous they can be towards other individuals. Similar to racism, ageism reflects a despise or repulsion towards another group within society. According to Butler, the difference between ageism and racism, is the different types of social categories that each hold prejudice against (Butler, 1969).

While Graham’s study (1983) suggests that care workers must treat older adults with a “labor of love” mindset, he focuses more on the long-term results of the concept. Many studies provide information explaining how long-term care is a problem in Canada, yet little is discussed about the proper tools needed for Ontario to map or fix this terrain (Daly et al. 2012). Also, studies often fail to describe the ways that the “labor of love” mindset could become rooted and implemented into Canadian culture. This is considered a huge gap in many studies, as it lacks clarifying the substantial steps needed to achieve this sentimental mindset, which will be proposed in this paper. Moreover, studies on this topic also lack the ability to demonstrate the variances in the employment environments and the workdays of care workers in LTC homes. This limitation is problematic as it implies indistinguishable, a large, woman- dominated sector within the workforce (Daly et al. 2012).

Daniel Béland, the director of the McGill institute for the study of Canada, reveals that older adults in Canada are vulnerable to COVID-19, especially those of them living in long-term care facilities. In his study, Béland draws attention to the challenges facing long-term care institutions, proposing current policy legacies and establishing a "policy window" that could promote comprehensive reforms and structural policies post the COVID-19 pandemic (Béland, 2020). If institutions have a crucial effect on policymaking, policy concepts and ideas must be vital in the agenda-setting process and beyond. Furthermore, he indicates that the opportunity to

effectively frame policy proposals can become a deciding feature of the legislative process (Béland, 2020).

Furthermore, a SALC model is considered beneficial as it grants older adults with several options to active living. Older adults who need exceptional care as well as a place to stay can choose the option of becoming residents in LTC homes with having the advantage of the active living experience. On the other hand, other older adults who are only interested in the active living experience are entitled to become members of a SALC without being obligated to reside in a long-term care home. In this case, members would still be entitled to all the privileges offered by SALC, except that they would not be living in a long-term care home. Hence, by becoming members of a SALC, older adults would be eligible to take part in all the benefits including the social, cultural, and active programs; the only difference would be that they are choosing the experience of active living alone rather than active living and being a resident in a long-term care home. Consequently, this paper will examine the methods in which older adults can be granted extensive care and how active living can become implemented with LTC to combat the long-term care crisis. Several resolutions that can possibly overcome the crisis will be suggested, specifically through an investment in a SALC model which would include many solutions from within. Additionally, this paper will analyze the ways in which Ontario manages long-term care during the COVID-19 pandemic. If the original complications of long-term care are understood on a deeper level, the implementation process of active living would be made easier and conceivable approaches would ultimately mitigate the outcomes of this crisis.

### ***1-3 Methodology***

The current study seeks to develop a comprehensive understanding of the current issues in Ontario's long-term care facilities by conducting a detailed literature review. In order to locate appropriate research, several databases were used and a series of keywords/terms were inserted using a Boolean search, which is a type of a search engine that uses special words to limit or define a search. To properly understand the merits of this selection, it is important to go into detail about each of these choices.

#### **Databases**

- ProQuest Sociology Collection (applicable)
- CINAHL Complete (nursing-healthcare)
- Google Scholar
- OMNI
- Google: CBC, Global, The National, GoC data/Stats Canada

#### **Key Terms and Boolean Search**

- “Long-term care facilities”
- Ontario
- COVID-19
- “Government of Ontario”
- “SALC”
- “Long-term care workers”
- “Seniors Active Living Center”
- “older adults”
- Qualitative

#### **Restrictions**

- Language: English
- Year of publication: current issues

- Peer reviewed: reliable

### **Inclusion/Exclusion**

- Not Qualitative
- Quantitative

The discussion will be derived from empirical data sources such as government websites, academic journal articles, books, news articles, and dissertations. An answer to the research question for this study will be derived from the data collected in the literature review. This research examines the long-term care crisis in Ontario during the COVID-19 pandemic by proving how SALCs can act as a legitimate solution to the long-term care crisis with LTC homes. Primary and secondary sources will be used to demonstrate the details of the living conditions within long-term care facilities and their effects on older adults in Canada. Doing so will highlight existing problems, as well as originate several solutions that could gradually lessen and eventually eliminate the crisis. Additionally, this research will use examples and statistics from several government internet sources, which include Ontario.ca, Canada.ca, Statistics Canada, Arnprior Regional Health, Ontario Ministry of Health and Long-Term Care, and Seniors Active Living Center (SALC). These sources will be used to demonstrate how older adults are affected by the crisis, as well as serve to provide some tables and figures to further illustrate the long-term care crisis and its consequences throughout the past year.

Insights regarding the long-term care crisis can be identified using qualitative methods of analysis in coordination with an analysis based on the theory of rational choice institutionalism. Rational choice institutionalists suggest that institutions are stable and favor utility maximization (Lowndes et al., 2017). Institutions provide information about other institutions' possible future behavior and explain the incentives and disincentives attached to different courses of action (Lowndes et al., 2017). This can be used when structuring the basics of a SALC model where other examples may be looked at in order to imitate the correct outcomes and avoid mistakes.

According to the institutional theorist Campbell (2004), institutional change is vital and life without stable institutions is prone to chaos. He offers various methodological and theoretical tools that assist in understanding how institutional change occurs, demonstrating how *rational*

*choice* is one of the three major versions of institutional analysis (Campbell, 2004). Despite its significance, the process of creating a fully developed SALC would have to become narrow and limited to the institutional analysis method of creation. This can pose an issue to the matter at stake, as institutionalists rely on causal concepts of explanation but often neglect to clarify the underlying instruments that lead to a specific change (Campbell, 2004). Additionally, rational choice institutionalists believe institutions are made up of systems and rules where individuals attempt to maximize their utilities (Lowndes et al., 2017). In order to overcome the obstacles of institutional change, applying positive change to an institution is required. This can be done through implementation of a strong and sympathetic relationship between the individual and care giver in the institution. This way a SALC model would be based on a sympathetic relationship between staff and seniors within the center and LTC facilities. Hence, to reach the successful definition of a genuine institution, a SALC model must be able to overcome the hindrances of the theory and contain the following combination of characteristics: a set of valued, meaningful and recurring patterns of behavior (Lowndes et al., 2017).

According to the American socialigist William Richard Scott (2013), institutional theory is "a widely accepted theoretical posture that emphasizes isomorphism—which is mapping between two structures of the same type, legitimacy and rational myth." Based on this viewpoint, scholars emphasise that the main insight of institutional theory is imitation. This means that rather than having to optimise their choices, structures and processes, organizations look to their peers for examples of acceptable behaviour and correct actions (Marquis et al., 2016). Essentially, the details that this theory offers would function successfully when applied to the structure behind creating a SALC model, where organizers may look at the systemic practices of other health organizations and imitate them. This could be done by utilizing the aspects that have successfully worked in other organizations and enhancing other aspects that may have needed more planning on their part. For instance, SALCs can have built-in walking trails for older adults as day camps, this can help them maintain their physical activity, and would satisfy mall walkers—older adults who prefer early morning walks within bigger spaces. The University of Saskatchewan in Saskatoon, Canada, has a Field House which is an in-door track, and this serves as an example of active programs for older adults. This Field House is utilized by a senior walking program that allows seniors to get regular exercise, even during winter months (Tourism Saskatoon, 2021). Hence, using the institutional theory, the structure of the Saskatoon Field

House can be imitated, and its mistakes can be avoided within SALCs, along with other successful activities done by other facilities to better the lives of older adults. Where there are no SALCs, adults will find other places to walk. Overall, it is crucial that The Government of Ontario provides a healthier and more active environment for the older community in Ontario. Older adults planning to contribute in the experience of SALCs must follow the proper guidelines of the center; they must do so to be considered eligible to join this beneficial experience, especially during the era of COVID-19.

#### ***1-4 Chapter Summary***

By using empirical data sources, it is shown that Ontario is struggling with a long-term care crisis that predates the COVID-19 pandemic and has been exacerbated by it. This has created problematic living circumstances in long-term care facilities that include the unsanitary living conditions in LTC homes and the lack of proper attention and care for older adults within LTC homes. However, research has not yet identified the main steps needed to achieve an empathetic approach to care when supporting older adults in LTC homes, nor has research identified how employment conditions impact the care that workers in LTCs provide. Hence, using rational choice institutionalism theory and the insight of imitation, a Seniors Active Living Center is suggested as the main empathetic and practical solution that can work in parallel to LTC facilities in ending the long-term care crisis. This can be done through dividing care and staff in both areas, rather than having the pressure solely be upon long-term care facilities. Consequently, it is important to determine whether SALCs can solve or minimize the issues that exist in long-term care facilities in Ontario; doing so would determine if SALCs can become a viable method of support for long-term care centers, with ensuring suitable environmental conditions to guarantee successful results. What will be discussed in the following chapters will illustrate the various trends and problems resulting from the long-term care crisis in Ontario.

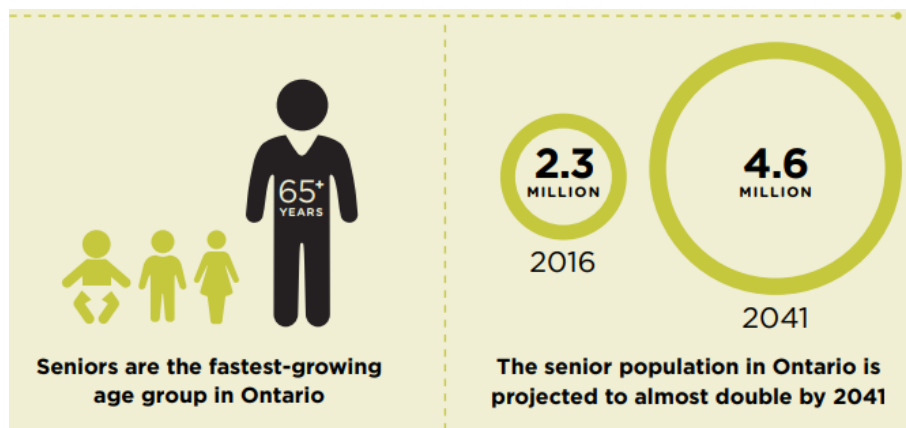


## CHAPTER 2

### *Introduction: Trends and Problems Resulting from the Long-Term Care Crisis*

Seniors of age 65 and older, are considered the fastest growing age group in Ontario at 16.4% of the population by 2016 (The Ontario Government, 2017). An increase in the senior population of Ontario is expected by 2041 where seniors are predicted to reach 25% of Ontario's population (The Ontario Government, 2017; see Figure 1). This significant increase in seniors will put pressures on Ontario's long-term care facilities and economy. As a result, older adults living in long-term care facilities in Ontario experience many problems that aggravate their living conditions, these problems include ageism and discrimination, shortage of staff and caregiver burnout, and alleged abuse and mistreatment. These problems will be examined to explore limited active living and its impairment to the quality of life of older adults. This chapter will also suggest solutions, most importantly Seniors Active Living Centers, which will promote a better active life for older adults in LTC homes.

Figure 1: The expected percentage of Senior Population in Ontario by 2041



Source: The Ontario Government Website, 2017

This chapter will also discuss problems facing older adults which include the unhygienic environment in LTC homes; being treated as an invisible segment in society; and feelings of loneliness which older adults experience. These problems all stem from ageism and discrimination and lead to the lack of consideration for older adults. Hence, an improvement in this sector is needed and an increased number of qualified staff is required. To overcome this crisis, investing in a SALC model would control the factors that led to the long-term care crisis.

This can be reached by granting support to LTC homes in dividing the work, staff, and care for older adults. Consequently, pressures on LTC facilities would decrease, hence mitigating the negative outcomes of the crisis.

## ***2-1 Ageism and Discrimination***

Ageism is defined as a bias by one age group towards other age groups. It includes feelings of personal revulsion and distaste for growing old, disease, disability; and fear of powerlessness, "uselessness," and death. (Butler, 1969; Nemmers 2005). As previously mentioned in the literature review, ageism, discrimination, and prejudice from young and middle-aged individuals towards older adults is one of the concrete problems that must be resolved within long term care in Ontario. A study analyzed the lived experiences of 89 seniors in three rural areas in Canada, where five factors were distinguished that shaped the choices of the participants relating to socialization and could in turn lead to unequal, long-term social engagement among this population (Rozanova et al., 2012). These five factors include "profound engagement in care work, compulsory altruism, personal resources, objectively perceived and subjectively available engagement opportunities, and ageist barriers around paid work" (Rozanova et al., 2012). Essentially, justification and eligibility of choice and equal social engagement is determined by gender, class, health, and social status of older individuals. Hence, there exists a lack of social engagement for older adults who lack privilege in the context of a market economy in rural Canada. This stigma of older adults that constrains them from their choices, options, and equality to have a just life is due to under covered ageism. Thus, Rozanova et al. (2012) suggest that societal barriers, such as reversing intragenerational ageism to gain access to the labor market, must be constructed to mitigate the stigmatization of older adults.

The law must work on forbidding or eliminating discriminatory behavior against older individuals in Canada. Geriatrician Dr. Nathan Stall reveals "The television is directly over the bed. Often, there's only one chair in the room, and so if you have company you're going to stay in the bed, and people aren't really encouraged to sit up for meals because we just don't think about it" (Stall, 2012). He also explains how much of the behaviours and values internalised by clinical trainees are learned from a more latent "hidden curriculum" that is differentiated from the standardised curriculum which he illustrates is a major concern to ageism (Stall, 2012).

Hence, the Ontario Government must apply its Canadian values of kindness and respect to LTC environments to eliminate the effects of ageism experienced by residents.

Life insurance companies also engage in discrimination by setting extremely difficult conditions of approval for the applications of older adults as they are more prone to disease than are younger adults. However, the field of cardiovascular disease is a primary instance of the expense associated with ageism, where studies show that negative stereotypes contribute to higher coronary discomfort to older adults and then to medical issues such as stroke or heart attack (Allen, 2018). A study by the University of Yale conducted that every \$1 of every \$7 spent on the eight most expensive conditions troubling older adults age 60 and older, was due to ageism and discrimination (Allen, 2018). Essentially, Older adults have the right to be protected from ageism and discrimination in health care under the *Ontario Civil Rights Code*. This law applies to health services and facilities, in hospitals, clinics, long-term care facilities, home and health care programs. Older adults are also entitled the right to an equivalent level and quality of health care services just as everyone else. Hence, negative stereotypes and misconceptions about aging should not be an obstacle to their equal and just treatment (Ontario Human Rights Commission, 2021).

## ***2-2 Shortage of Staff and Care-Giver Burnout in Long-Term Care Homes.***

In previous literature, one issue that most authors neglect to focus on, is the shortage of qualified staff within the long-term care sector in Ontario. As a result, older adults residing in most long-term care facilities are being abused and mistreated in degrading and humiliating ways to human dignity. Premier of Ontario Doug Ford demonstrates in many of his speeches that the long-term care crisis is based on years of neglect, and Canada must be able to fix the problem (Zambito, 2018). He illustrates that one of the vital elements that Canada must follow is respecting the vulnerable through committing resources to combat domestic abuse, including elder abuse (Zambito, 208). However, Ford brought more attention to the issue of long-term care as his mother-in-law is a resident of a long-term care facility that witnessed an outbreak of COVID-19 cases (Inzitari, 2020 & Stall, 2020). This sudden attention brought up by Ford is concerning as it demonstrates neglect to acknowledge the long-term care crisis and its issues including the shortage of staff, long before it affected Ford and his family directly. However,

showing consideration to this crisis— regardless of the reason— was a positive gesture that spread awareness of the issue amongst Ontarians.

Bringing attention to the long-term care crisis is important as it will encourage those who are qualified to contribute by applying to work in LTC homes as nurses, which will gradually diminish care-giver burnout in Ontario. In fact, a study conducted by Tummers et al. (2013) proves that nurses in long-term care homes intend to leave their jobs in their organization largely due to insufficient advancement and career opportunities, a negative working environment, and feeling that their autonomy is constantly being reduced (Tummers et al., 2013). These reasons continue to drive many nurses' intentions to leave the long-term care sector. Nurses leaving their jobs in long-term care will result in an organizational turnover leading to an increase in the shortage of nurses, and hence would negatively impact the aging population, leaving them with less care providers. Therefore, if nurses leave long-term care organizations, the outcome would severely harm the general organizational performance (Tummers et al., 2013).

Additionally, a shortage of nurses would force the province to recruit a new team of nurses and provide them training, losing the knowledge and experiences of the prior nurses (Tummers et al, 2013). Essentially, long-term care must acknowledge the major role of nurses in their organization and work on the guidelines needed to retain them and make them feel comfortable in their workplace. One way to do this is hiring more qualified nurses as an addition to the ones already working. This would mitigate the pressure of current nurses, make extra time for them to help and care for residents, as well as divide the work on numerous nurses instead of one registered nurse caring for up to 200 patients (Inzitari, 2020 & Inside the Story, 2020). Additionally, a huge problem regarding this matter is that care workers in LTC facilities do not work full time; this issue must be solved when implementing active living in LTC homes as seniors are in need of full time care (Stratton et al., 2021).

### ***2-3 Alleged Abuse and Mistreatment in Some Long-Term Care Homes***

Elder abuse and mistreatment are consequences of short staffing in long-term care homes. Residents in long term care facilities in Ontario have long been suffering and pleading for help and are being mistreated by personal care workers (Hawes, 2003; Beatty, 2011 & Podnieks 2008). Many troubling incidents have been caught by hidden cameras throughout the years. In May 2020, CBC news entered a long-term care facility with a hidden camera to uncover the disturbing reality that older adults deal with on a daily basis. It was revealed that residents were not being given their necessities such as being unable to enter the washroom before waiting an hour for assistance, as staff are too pressured and busy to provide help due to short staffing. Kevin Brown Ph.D., of the University of Toronto and Nathan Stall M.D., of Mount Sinai Hospital in Toronto argue that older adults spend only 3% of their time walking or standing; this proves their unhealthy lifestyle and the lack of their physical activity (Brown et al., 2020). The ongoing problems were documented most recently by the Canadian Armed Forces which found complications within five long-term care homes in Ontario. By publishing a report reflecting the deficiencies at those distressed sites, the report alleges abuses, severe infractions, unsanitary environments (facilities infested with cockroaches), lack of infection prevention, all due to short staffing and neglect within the facilities (The Canadian Armed Forces, 2020). Other examples of alleged abuse towards long-term care residents that was indicated in the military report include but are not limited to:

- Verbal mistreatment
- Disregarding cries for help for up to two hours
- Humiliating Patients
- Aggressive behavior
- Force-feeding residents, leading to audible choking
- Neglecting to clean patients (leaving them in soiled diapers)

The military report indicates “residents are scared and feel alone, as though they are in jail (The Canadian Armed Forces Report, 2020). Especially during the COVID-19 lockdown, providing comfortable living circumstances for older adults is vital, and the current problematic situation within long-term care homes must end. In these circumstances, the Government of

Ontario must take charge of pulling licenses and shutting down long-term care facilities that fail to follow the required procedures and guidelines for safety and control from now on forward, especially during the COVID-19 pandemic. Clearly, the troublesome living environments in long-term care facilities continue to create a traumatic experience for residents, which in part leads to negative health and well-being both mentally and physically.

Immobile older adults are six times more likely to be discharged to long-term care centers compared to healthier and mobile hospitalized counterparts and 34.3 times more likely to die in hospitals. One study revealed that 799 of 2279, or 35%, of hospitalized older adults were released with hospitalization-related disabilities, where 41.3% of those died within a year and just 30.1 % were at baseline operation. (Brown, 2004 & Stall, 2012). Consequently this shows how serious the situation is in LTC homes with the increased rate of mortality. Evidently, during the hiring process in long-term care, it is crucial for applicants to acknowledge that working in this sector requires passion, patience, and sympathy from organizers and personal care workers to avoid repeating these mistakes in the future.

The problematic situation of short staffing in long-term care homes has been negatively impacting residents' care and well-being (CBC NEWS, 2020). This neglect and lack of care for older adults is considered one of the primary reasons for the many deaths caused by the COVID-19 pandemic within long-term care homes. During the pandemic, many long-term care facilities remain underequipped with proper medical tools, leading to a failure of managing the outbreak of COVID-19 cases (CBC NEWS, 2020). Therefore, this problematic situation urges the need of increased data and experiences of long-term care facility interventions during the COVID-19 pandemic to support informing successful worldwide reactions. Key principles that will lead to a successful result in overcoming outbreaks of COVID-19 include trust building, a strong and well-equipped medical and clinical team with central input from geriatric medicine and nursing (Stall, 2020). The goal of a SALC model is to fulfill these key principles where proper infection control practices and continuous inspections must be applied. Additionally, hiring more qualified and passionate staff would work as a solution to minimize the mistreatment, alleged abuse, and negative outcomes that exists in many long-term care homes.

## ***2-4 Chapter Summary***

In summary, seniors are the fastest growing demographic in Ontario, and providing them with healthy living environments has become difficult, especially during the COVID-19 pandemic. Consequently, seniors residing in long-term care homes have been the first to experience the horrid aftermath of the pressures caused by COVID-19. A military report demonstrated several problems that continue to worsen the living conditions in long-term care homes. These problems include ageism and discrimination, shortage of staff and care-giver burnout in long-term care homes, and alleged abuse and mistreatment in some long-term care homes. Overall, this chapter explains how older adults are considered an invisible segment in society, and explores their feelings of resentment and discomfort behind closed doors. Accordingly, the living conditions in LTC homes must be changed by increasing staff and care workers, as well as coming together with a well-equipped and renovated SALC model which will significantly help control and defeat the LTC crisis.

## CHAPTER 3

### *Discussion and Structure*

The COVID-19 Pandemic has caused major health concerns for of Ontario's population, yet older residents of long-term care facilities have been the most to see negative outcomes of this pandemic. Since April 2020, long-term care homes have been the most to suffer from the dire outcomes of COVID-19. Accordingly, residents of LTC homes have become more susceptible to significant infection once exposed to COVID-19 due to their usually low immune levels and weak immune systems (Hsu, 2020). Recent reports found that the rapid outbreaks of COVID-19 cases have led to numerous deaths in several long-term care facilities in Ontario and other Canadian provinces. Substantially, one of the major reasons that led COVID-19 to reach its peak in LTC homes is the lack of appropriate care and insufficient government funding, which are crucial to enhance the living circumstances in LTC environments. This chapter will cover the official sources that can provide appropriate funding to build a Seniors Active Living Center (SALC) and enhance the quality of life for residents in LTC homes. Hence, being granted proper funding would significantly support the establishment of a developed SALC model. In return, this would minimize the pressures and mitigate the rapid spread of COVID-19 cases that continue to rise in LTC homes by providing seniors safe and sanitary living space that offers active living for better health outcomes.

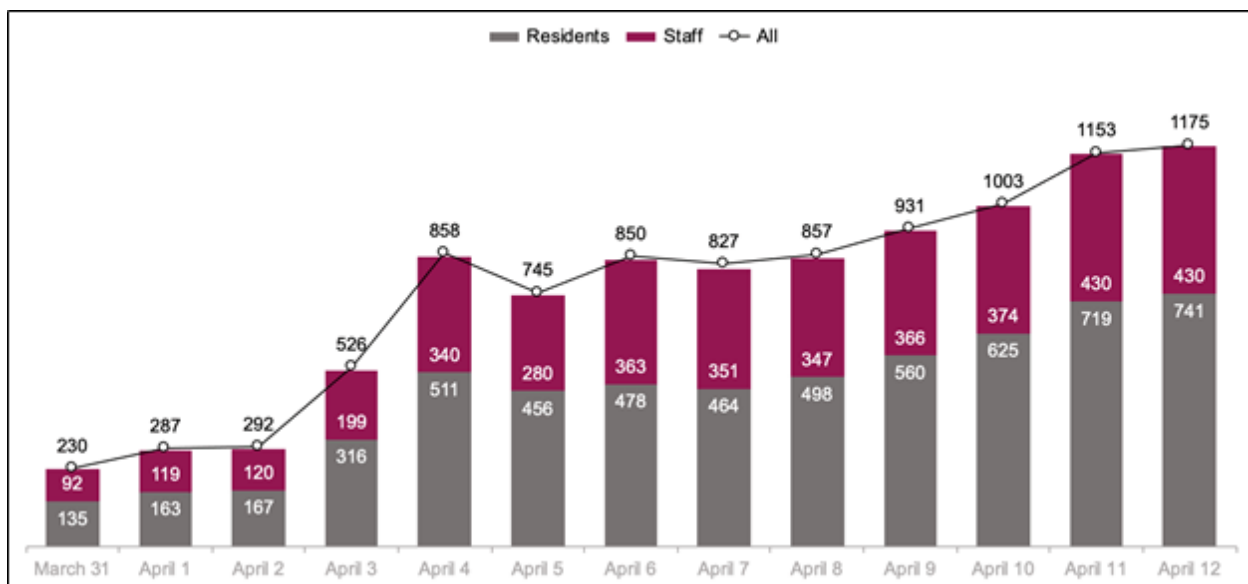
Based on Rational Choice Institutionalism theory, where the main insight is imitation, SALC organizers may learn from the systemic practices and structure of peers in other health organizations and imitate them by applying aspects that have already successfully worked, and enhancing other aspects that may have needed more planning. This way a SALC model would guarantee successful outcomes by utilizing the correct procedures to end the long-term care crisis and create a better lifestyle for older adults. However, because the institutional analysis theory is not likely to develop beyond the stage it has reached today, institutionalists often neglect to clarify the underlying instruments leading to change (Campbell 2004). Therefore, during the establishment and structuring process of SALCs, it is vital to highlight the methods of its successful development.



### 3-1 The Impact of COVID-19 on Long-Term Care Homes in Canada

According to a study conducted by Hsu A.T et al. (2020), there are approximately 24,804 cases of COVID-19 in Canada, 1,036 of which came from long-term care homes; this calculates at approximately 4% of the number of COVID-19 cases in long-term care homes as of April 13, 2020. Although less than 2% of Canadian long-term care residents have confirmed positive to COVID-19, this number is likely to increase in parallel to testing increasing within long-term care facilities (Hsu et al., 2020).

Figure 2: Total number of reported cases in Ontario's long-term care homes with confirmed COVID-19 outbreaks



Source: Daily Epidemiological Summaries produced by Public Health Ontario.

As demonstrated in Figure 1, Ontario has reported the highest number of COVID-19 cases as of April 13<sup>th</sup> 2020 with 1,175 cases from 89 long-term care facilities :741 residents and 430 healthcare workers, representing 14% of the 630 long-term care homes in Ontario (Hsu A.T et al., 2020). This situation has severely impacted the lives of older adults residing in LTC homes which witnessed tremendous outbreaks of the disease among residents, as was seen in Pinecrest Nursing Home in Bobcaygeon, Ontario (Riches & Hsu A.T et al., 2020). Additionally, similar to populations in long-term care homes in other countries, LTC residents in Canada are prone to the

risk of severe symptoms and deaths from COVID-19 (D'Adamo, 2020). Older adults are more likely to contract diseases compared to other age groups; this can be due to their low immune systems. Evidently, Ontario's long-term care residents and staff are at a higher risk of contracting serious infection once exposed to COVID-19 than are other groups of Ontario's population.

### ***3-2 How to Receive Government Funding for a Seniors Active Living Center***

Since seniors are the fastest growing age group in Ontario (The Ontario Government, 2020), the Government of Ontario has introduced the Ministry for Seniors and Accessibility (MSAA) to help make Ontario the most suitable place for seniors to age in North America. In 2014, the Government of Ontario established Ontario's Seniors Community Grant (SCG) and devoted it to serve seniors across Ontario (The Ontario Government, 2020). This grant works to ensure enhanced social inclusion for seniors, as well as to protect their public engagement and well-being. This part of the paper will discuss the requirements and guidelines of a SCG, which will benefit the idea of establishing SALCs in terms of program funding (The Ontario Government, 2020). Hence, a feasibility study must be done to enable the collection of information about future SALCs and determine possible resources of funding. Accordingly, to become a SALC, an organization must seek funding from the following parties which include but are not limited to:

- 1- The Government of Ontario
- 2- Provincial, Federal, or Municipal Government Sources
- 3- Sponsors

## **1-The Government of Ontario**

For any non-profit organization willing to contribute and expand to become a SALC, it must first be eligible to receive program funding from The Government of Ontario. The organization must also adopt the procedures and rules of a SALC model in presenting cultural and educational learning combined with recreational programs for seniors to promote a healthier lifestyle and enhance their well-being (The Ontario Government, 2020). Additionally, if selected by The Government of Ontario after being eligible in all requirements to become a SALC, the organization must be responsible for fulfilling the application and all terms of the funding agreement (The Ontario Government, 2020). Accordingly, several requirements and conditions must be met by the organization in order to be considered eligible to receive program funding and launch a SALC:

- Function as a non-profit and incorporated organization
- Be open for at least two years prior to applying to become a SALC
- Be able to support the organization capacity of the program
- Attain a viable governance structure (such as having a board of directors or any general board committee)
- Prove financial stability and financial viability
- Complete an application through Grants Ontario through the Grants Ontario System-Reference Guide
- Include a plan for social integration to minimize social exclusion
- Be innovative and maximize outreach and participation of older adults (particularly in rural and remote locations)
- Provide financial statements that have been reviewed and certified by an independent auditor from the year prior. (Applicants that are municipalities must identify the tab that summarizes revenues and expenditures on the provincial Financial Information Reporting (FIR) system).
- Fulfil all applicable laws as stated by the law of Ontario (Ontario Human Rights Code, accessibility laws, building codes; health, safety and employment standards)
- Work under an organizational strategic plan.

- As legislated by the *Seniors Active Living Centers Act, 2017*, the organization must obtain a secure commitment with municipalities as key partners to acquire funding, as well as maintain and operate the program for a minimum of 20% of the net annual cost. (Municipalities are eligible, and can be upper tier, lower tier or individual municipalities) (The Ontario Government, 2020).

Other program requirements for organizations to become a SALC, as guided by *The Ontario Government* Website include but are not limited to:

- Register for a Grants Ontario account in order to become a SALC, where setting up an account may take up to five business days (this process is done through the Grants Ontario System- Reference Guide).
- Fulfill a demonstrated need in the community
- Support local age-friendly community planning initiatives
- Municipal contribution
- Programs run by the applying organization must benefit primarily seniors (those over the age of 65).
- Programs run by the applying organization must promote active and healthy living, social engagement and learning (fitness classes, healthy lifestyle and wellness classes, social engagement, learning on elder abuse, etc).
- New program funding must take place at a unique location, and not simply expand existing programs.
- A program budget must be demonstrated as well as a demonstration or explanation on how funding shall be used for new programs.
- Performance measures must be taken into consideration. (The organization applying to become a SALC is required to report to the Ministry of Seniors Affairs on performance measures.
- Outline a marketing and outreach strategy in order to build awareness and reach most of the targeted population (The Ontario Government, Aug 28, 2020). Essentially, the previous requirements and obligations of the application process must be met for any organization willing to become a SALC.

## 2- Provincial, Federal or Municipal Government Sources

Other than the Government of Ontario fund, there are several other methods an organization can follow to attain a grant and emerge into a SALC. Between the years 2019 and 2020, The Government of Ontario decided that the SCG program will be managed through two streams of grants, in which stream number 2 would support provincial, federal, and municipal contributions and funding.

Table 1: Overview of Stream 1 and Stream 2 Grants, SCG Program, 2019-2020.

SCG Stream 1 Grant	SCG Stream 2 Grant
Covers grants ranging between \$1,000 and up to a maximum of \$4,000.	Covers grants over \$4,000 up to a maximum of \$25,000.
Applications can be made by individuals who represent seniors' groups, unincorporated or incorporated not-for-profit organizations such as Local Services Boards, and Indigenous groups).	<p>Applications can only be made by incorporated not-for-profit organizations such as Local Services Boards, and Indigenous groups.</p> <ul style="list-style-type: none"> <li>Multiple organizations, including unincorporated organizations, can partner on a project application, but must have one lead incorporated representative who will be legally responsible for the project).</li> </ul>
Grants will support up to 100% of the total eligible project cost to the maximum amount, if the total project cost is greater than \$4,000.  the application must outline where the additional funds will come from.	Grants will support up to 80% of the total eligible project costs, up to a maximum project grant amount of \$25,000, where total project cost must not exceed \$31,250.

As Stream 1 is geared to small organizations and collectives that serve seniors and need small amounts of funding, the total project cost must not exceed \$10,000.	<p>The remaining 20% can be a combination of the following:</p> <ul style="list-style-type: none"> <li>• Cash contribution from applicant organization.</li> <li>• In-kind contribution from the applicant or other sources.</li> <li>• Contributions from federal, other provincial or municipal government sources.</li> </ul>
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Source: The Ontario Government Website, 2020.

Table 1 illustrates a precise definition of each Stream Grant by the SCG Program, explaining the requirements and conditions that demonstrate the type of organization entitled to receive either the Stream 1 or Stream 2 Grants. Accordingly, as a Seniors Active Living Center would need various arrangements, programs, projects to succeed, this would entitle it to fall under the type 2 Stream where it would be granted 80% of the total eligible project cost beginning from up to \$4000 to a maximum of \$25,000 to launch. Hence, abiding under Stream 2, SALCs are permitted to use the remaining 20% of the eligible project costs through seeking grants and contributions from sources such the provincial, municipal, and federal governments (The Ontario Government, 2020). Another method of funding that SALCs are eligible to receive through the Province of Ontario is the grant from the Ministry of Seniors and Accessibility, including the Sr Active Living Program (The Ontario Government, 2020). This grant is a yearly grant, operating from April 1<sup>st</sup> – March 31<sup>st</sup> of each year. However, in order to apply for this grant, the SALC must have a partner that will also contribute in providing funds to the program (such as a Municipality) who would offer Sponsorship Funding in cash or in kind (The Ontario Government, Dec 21, 2020).

### 3-Sponsors

The older segment of Ontario's population acknowledges the mistreatment they face, yet mostly feel the inability to make a difference or act upon the resentment towards their non-inclusion in society. Unlike other visible and louder minorities in society such as supporters of women's rights, feminists, LGBTQ communities, and supporters of climate change; older adults are not considered among the visible segments of society. This drawback disables older adults to speak up about the various ways they face mistreatment in long-term care homes. This includes the mistreatment of veterans who served Canada with huge sacrifices, as they are among the invisible segments who do not have a strong platform nor supporters to back up their societal and necessary needs (Cherubini et al., 2011 & Chasteen et al., 2002). The oppression of this marginalized group is rarely identified or investigated in society. In consequence, Ontario's different age groups mostly fail to acknowledge the struggles of older adults. This disregard is not hidden, as the attention on the struggles of older adults simply does not exist and is neglected by political platforms within Ontario's society (Cherubini, 2011 & CBS NEWS 2020). Therefore, age prejudice must end within Ontario's population and the most influential ways to shed light and awareness on this issue is through media and community involvement, and promised sponsors who hold a respectable financial and humanitarian reputation. Doing so would support the implementation of Graham's "labor of love" approach mentioned earlier, in support for Ontario's older adult community (Graham, 1983).

To illustrate, many famous public figures support different movements and rallies including movements that shed the light on ending poverty, LGBTQ rights, eliminating violence against women etc. Similarly, public figures must be able to draw attention to the issues of older adults as well as contribute to support them as sponsors if possible (Cherubini, 2011 & Walsh et al., 2011). For instance, Prime Minister Justin Trudeau is an important and popular figure whose word would inherently influence most of the Canadian community to begin the quest of supporting or sponsoring the lives of older adults within Canada. This could be done through Trudeau's public speeches in calling serious sponsors with a big platform to support or afford the needs of older adults to encourage a strong voluntary and simultaneous involvement to both SALCs and long-term care facilities (Cherubini, 2011 & Walsh et al., 2011).

An example of a public figure who sparked substantial awareness about long-term care facilities is Tara Shannon; an award-winning Canadian singer and songwriter who partnered up with Advance Care Planning and the Speak Up Campaign and wrote a song dedicated to older adults residing in long-term care homes. Shannon introduced her single in April 2020 during the COVID-19 Pandemic. This was done as a gesture to help normalize and calm the often-difficult topic of long-term care, which worked as an excellent method of awareness (Speak Up Canada, 2020). Lastly, big companies such as automotive companies (Ford Motor Company), food chain companies (Food Basic); clothes industries, medication companies could participate in the involvement to reduce the living expenses for SALCs, such as by planning to reward them their products with no fee. More importantly, support from sponsors to provide for older adults is not necessarily limited to financial funding (cash flow), as providing their products would be considered a strong involvement on their part for the older adult community in Ontario.

### ***3-3 Chapter Summary***

Overall, the impact of the COVID-19 Pandemic has caused severe outcomes and consequences to the older population in Ontario for many reasons including the lack of proper equipment and absence of care towards residents in LTC homes. Hence, this chapter suggests the option of investing in a Senior's Active Living Center to support long-term care facilities in the long run, thereby taking part in enhancing the quality of life for older adults in Ontario. In summary, explained are the obligations and requirements needed to attain proper funding for SALCs from The Ontario Government, sponsors, and the provincial, federal, and municipal governments.



## CHAPTER 4

### *Solutions for the Long-Term Care Crisis in Ontario*

This chapter will cover the major solutions needed to overcome the long-term care crisis by suggesting increased and alternative options to care for older adult residents in LTC homes. The main solution that will thoroughly be examined in this chapter is a Senior Active Living Center. All the details behind its definition, benefits, activities, and significance towards older adults will be demonstrated. Hence, the major components to be covered in this chapter include the definition of a Seniors Active Living Center (SALC), explaining the social activities, precautional measures, actions, and protocols of SALCs since the COVID-19 pandemic; illustrating the benefits and advantages of SALCs; media and technology as a method in spreading awareness, and other suggestions to gradually diminish the long-term care crisis. These components will thoroughly examine and illustrate the ways in which SALCs can act as a core solution to end the long-term care crisis, by applying improved methods of care in LTC facilities, hence creating a better quality of life for residents by granting them both the experiences of active living and long-term care residency.

As of February 6, 2021, roughly 14,795 COVID-19 cases emerged from LTC facilities (Public Health Ontario, 2021). Hence, it is vital to acknowledge the possible risk factors related to disease and mortality among residents with COVID-19 in those facilities (Chu, 2020 & Fisman, 2020). Therefore, necessary measures must be taken to protect older adults from contracting this disease; for example, monitoring the reasons that COVID-19 attacks the immune system of older adults is a suggested solution to avoid such complexities. The disease is common to affect people with weaker immune systems who struggle with with other diseases (diabetes, heart problems etc). Accordingly, what must be distinguished is the combination of diseases that are initially responsible for weakening the immune system of older individuals and how to treat or cure those diseases. This would help reduce the possibility of contracting COVID-19 and would endorse a stronger and more efficient immune system for older adults. Therefore, the safest path is to follow a “prevention is better than cure” mind-set to avoid the problem before it occurs (Fisman, 2020).

Furthermore, the long-term care crisis has been emphasized multiple times by the Ontario Government to make comprehensible the significance of the situation. Accordingly, government speeches about the long-term care crisis are needed to prevent enlarged problems in long-term care homes and to avoid the rise of COVID-19 cases. Hence, efficient solutions must be distinguished to mitigate any problematic disclosure before the situation worsens, especially during the era of the COVID-19 Pandemic. This section of the paper will suggest solutions that can help overcome the issue at stake, as well as explain the process needed to undergo this phase.

#### ***4-1 What is a Seniors Active Living Center?***

Seniors Active Living Centers (SALCs) are centers created to specifically focus on seniors' independence and health through social, cultural, active, and educational learning. SALCs also provide recreational programs for seniors to enhance and encourage their well-being through an improved, active, and socially engaged lifestyle (The Ontario Government, 2020). If increased benefits and privileges were to be added to SALCs through efficient investment and proper funding, they would become more enhanced and would cover the aspects needed for older adults to overcome the issues of long-term care. As long as proper investment and required safety measures are applied, SALCs would be able to provide a healthy environment for older adults in parallel to enhancing the conditions of LTC facilities. This can be done through waitlist reduction for members; practical focus on seniors; an increase in volunteers and care givers; transportation services; decreased social isolation; and other exclusive privileges for older adults (The Ontario Government, 2020).

#### ***4-2 Seniors Active Living Centers Since the COVID-19 Pandemic:***

According to the SALC locations map found on the official Ontario Government website, most SALCs currently exist in Ontario compared to different provinces (The Ontario Government, Sep 28, 2020). Examples include but are not limited to:

- Life After Fifty, Centers for Seniors Windsor - East Side Centre, Windsor, ON, Canada
- Parkdale Golden Age Foundation, Toronto, ON, Canada
- Senior Active Living Center at Arnprior Regional Health Hospital, Arnprior, ON, Canada

Ever since the outbreak of the COVID-19 pandemic, several SALCs today such as the SALC at Arnprior Regional Health Hospital, 30 minutes Northwest of Ottawa, have implemented many updated conditions and safety precautions. When the COVID-19 Pandemic first began, SALC at Arnprior Regional Health was closed as were other centers in Ontario; however, it alternatively offered virtual programs for members, such as chair fitness, salsa, ballet, balance programs, yoga, etc. Several months into the pandemic, the center is now open with appropriate safety precautions and protocols; this involves conditioning pre-registration in the virtual programs with a reduced capacity of people to support and facilitate physical distancing as required by the local health unit of Arnprior Regional Health Hospital. According to Glenn Arthur, the SALC Coordinator at Arnprior Regional Health, offering new or already successful programs that can provide the social distancing protocols would be able to get the centers clientele back again (Arthur, 2020).

Arthur also explains that one of the most popular programs at the Arnprior Regional Health SALC was a Community Garden outdoor program, where the center applied for a grant to support the expenses for a plot of land, tools, and materials needed for older adults to use. The activity was free excluding the plants and seeds that were planted. This program resulted in a pleasant outcome for SALC at Arnprior Regional Health, as they were able to fill all of the plots in the Garden and supplied four raised gardens for older adults who enjoy gardening but have trouble kneeling to do the work (Arthur, 2020). Besides the outdoor activities of the SALC at Arnprior Regional Health, indoor programs also resumed with extreme social distancing protocols in place for all programs. Other quieter programs that offered to indulge adult's social engagement include knitting, aquarium building workshop, and flower arranging (Arthur, 2020).

Moreover, Arthur explains the funding process that enabled offering the previously mentioned programs at the center, stating that the center is an arm of the local hospital; it is not financed by it, but it takes charge of handling all of the SALCs financial processes such as paying the center's bills (Arthur, 2020). This allows the SALCs budget to handle an audit process for the grant financial reports each year. Arthur further explains that the sponsors for SALC are the local municipality as well as the surrounding Township; both provide cash and in-kind sponsorship each year (Arthur 2020 & The Ontario Government, 2020). The remainder of SALCs funding comes from memberships, local service clubs (Legion and Lion's Club)

fundraising events, and income from certain projects such as the Men's Shed Projects which is a woodworking project for the community and functions as an arm for the organization, not charging labour on any projects, yet charge 25% extra on the materials needed (Arthur, 2020).

Table 2: Social Programs Calendar for Members at SALC in Arnprior Regional Health

<h1>December 2020</h1> <p>77-B Madawaska Blvd., Arnprior, ON K7S 1S1 Tel: 613-296-1906 Email: info@activeseniors.ca</p>						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
		<b>1</b> 9 – 9:50 am Chair Yoga 10:30 – 11:30 am Mat Yoga 12 – 12:50 am Chair Yoga 1:30 – 3 pm Deal m' UP	<b>2</b> 10:30 – 11:30 am Carpet Bowling 11:15 – 1:00 Swimming (NSC) 12 – 1 pm Line Dancing 1 – 2 Walking Club 1-3 Band 6:30 – 7:30 pm Boxing	<b>3</b> 9 – 9:50 am Chair Yoga 10:30 – 11:30 am Mat Yoga 12 – 12:50 pm Chair Yoga 1:30 – 2:45 Swimming (NSC) 1:30 – 3:30 pm Bridge Bus Trip – Alight at Night	<b>4</b> 9 – 10 am Pilates 10 – 11am Shuffleboard (NSC) 11 – 12 pm Ukelele 1 – 3 pm Deal m Up	<b>5</b> 9 – 10 am Salsa
<b>6</b> 7- 9 pm Band	<b>7</b> 9:30 – 11 Knitting Group 10 – 11am Shuffleboard(NSC) 12 – 1 pm Mat Yoga 1 – 2 pm Walking Club	<b>8</b> 9 – 9:50 am Chair Yoga 10:30 – 11:30 am Mat Yoga 12 – 12:50 am Chair Yoga 1:30 – 3 pm Deal m' UP	<b>9</b> 10:30 – 11:30 am Carpet Bowling 11:15 – 1:00 Swimming (NSC) 12 – 1 Line Dancing 1 – 2 Walking Club 1-3 Band 6:30 – 7:30 pm Boxing	<b>10</b> 9 – 9:50 am Chair Yoga 10:30 – 11:30 am Mat Yoga 12 – 12:50 pm Chair Yoga 1:30 – 2:45 Swimming (NSC) 1:30 – 3:30 pm Bridge	<b>11</b> 9 – 10 am Pilates 10 – 11am Shuffleboard (NSC) 11 – 12 pm Ukelele 1 – 3 pm Deal m Up	<b>12</b> 9 – 10 am Salsa

Source: Arnprior Religiional Health, 2020

The calendar above shows recent examples of the various programs and activities that SALC at Arnprior Regional Health Hospital has offered its members to enhance their health, activity, well-being and social inclusion for the first two week period of December 2020 before the second lockdown occurred in most of Ontario. Henceforth, the systematic management within SALCs, including the center at Arnprior Regional Health Hospital, enables members to socialize and enhance their well-being through various options and diverse social and physical activities. However, the COVID-19 pandemic has negatively affected most SALCs as only about half of the total membership of 661 at the SALC of Arnprior Regional Health have returned since the center's reopening; this is due to fear of contracting COVID-19 and risking the health of seniors' families (Arthur, 2020). Nevertheless, Arthur illustrates that it is only a matter of time that members resume and feel comfortable to re-participate in the activities offered by the center,

adding that the center will endure to offer new activities for older adults with continuing to apply serious safety precautions so long as the COVID-19 pandemic lasts (Arthur, 2020).

#### ***4-3 Benefits and Advantages of Senior Active Living Centers***

An investment in an advanced and developed Seniors Active Living Center can work as an outstanding and essential solution to eliminate the problem of ageism and discrimination faced by residents of long-term care homes. Not to mention how the process of creating an advanced SALC can promote social inclusion for older adults (Stall, 2012 & Clarke, 2016). This would begin through properly implementing non-discriminatory ideas within the roots of society, especially younger and middle-aged generations. Hence, publically and communily spreading the ‘labor of love’ mentality towards older individuals would contribute to ending ageism, as well as to ending elder abuse (Graham, 1983). However, since the implementation of this strategy will take time to become strongly rooted within Canadian society, the fastest and most efficient way to control the situation is by having the Canadian Government and political parties in Canada be more assertive in their implementations to end the crisis. This could be done by making the matter more public, and increasing conditions and requirements during the long-term care hiring process. If the Canadian government were to implement such law, less unreliable and unqualified candidates would pass the hiring phase, gradually reducing the struggles of older residents, as well as minimalizing the burden on the existing LTC staff.

Moreover, a developed SALC model would be responsible for reducing volunteer and care giver burn out in LTC homes, waitlist reduction, and cost benefit to keeping people in their homes longer which saves money on health care (Martin, 2017 & Montero Odasso et al., 2020). If members were to join the program of house owning that the SALC model provides, they would be enabled to the advantage from SALC’s medical team to support their health and well-being. In this case, the medical team would directly assist members from their homes rather than obligating them to physically arrive at long-term care facilities or hospitals (Stall, 2013 & Martin, 2017). This type of management within SALCs can maintain older adults’ physical mobility and social engagement with the help of a physician if needed (The Ontario Government, 2020). Accordingly, an investment in a SALC model, where passion and patience would be the main mottos, can steadily support and remove the pressure off long-term care facilities.

A survey conducted by the Ontario Government revealed that almost three-quarters of seniors feel that their skills and wisdom is underappreciated and almost 50% admit that they feel invisible within society (The Ontario Government, Dec 22, 2020). Hence, an advantage that SALCs can offer is promoting social normalization of career contributions for older individuals by embracing their experience and age as a valued benefit to society rather than viewing it as an obstacle. In fact, many of the world's most important figures are seniors; the most recent examples are 78-year-old US President Joe Biden, who recently won the USA presidential elections and became the 46<sup>th</sup> president of the United States; 80 year- old American physician Anthony Fauci, director of the National Institute of Allergy who has served to diagnose and treat transmittable diseases such as HIV/AIDS (Fauci, 2019) ; 55 year-old German physician and oncologist Uğur Şahin who has developed a 90% effective COVID-19 vaccine (Oltermann, 2020); and lastly 58 year old Jordan Peterson, a Canadian clinical psychologist who received widespread attention for his cultural and political findings, especially after his book *12 Rules of Life: An Antidote to Chaos*, which became a bestseller in 2018. (Peterson, 2018).

The examples above demonstrate the importance of older adults within society as they have accumulated valuable and indispensable knowledge throughout their years. Generally, laws must be followed for their moral meaning rather than being followed solely as written laws. If society were to neglect the knowledge, wisdom, and expertise of older individuals, it would not have been possible for most of the world's strongest characters to provide their knowledge in benefiting society. However, in the case where an older individual feels physically or mentally incapable to contribute or benefit society, the decision must be left for them to decide; they should be eligible to contribute to society so long as they attain good health that permits them to work, and a constant will to develop needed expertise. This will gradually eradicate discrimination and ageism within society (Nemmers, 2005 & Stall, 2012). However, to oblige society to respect the positive treatment of older adults, the Ontario Government must first consider this treatment and alter their policy of labor; this would allow older adults to feel more welcome and integrated into Ontario's working society.

Based on the Ontario Government's Seniors Active Living Centers Act, 2017, SALCs are considered a crucial aspect to creating age-friendly communities and active social environments that serve around 100,000 older adults each year (The Ontario Government, 2017). An investment in SALC will support long-term care facilities by enabling older adults to stay in their homes without needing transportation to a hospital, medical clinic, or facility; this would reduce the pressures of increased residents in LTC homes. Moreover, SALCs are a possible method that would guarantee the rights of older adults should proper investment and generous governmental funding be provided. They would offer older adults many benefits such as cultural and social involvement through various programs, access to essential medical sources within the SALC building, maximize their independence and function, and provide financial and economic benefit for members. This way, SALCs would endorse and help implement Graham's 'labor of love' mindset by influencing society mostly through the media and technological sources (1983). Accordingly, the implementation of these basics into Canadian culture and institutions will combat ageism and replace it with passion, patience, and respect.

With healthier environments and better living conditions, SALCs can be considered a compensation to older adults far away from their families, which can enhance their emotional and mental state. In fact, focusing on the emotional and mental health of older adults is as significant as focusing on financial and material conditions for them to have an enhanced quality of life. Consequently, providing seniors with resolutions to renovate their mental and emotional health must be prioritized to prevent feelings of loneliness or any difficult experiences that they may encounter. Nonetheless, funding for both long-term care facilities and SALCs must always be present as the needs of seniors will continue to increase with time. Thus, with proper investment and implementation of active living, SALCs will successfully take off and will soon become an institution parallel in its essentiality to long-term care facilities, providing maximum care to seniors in Ontario.

#### ***4-4 Media and Technology in Spreading Awareness***

It is legitimate for all seniors in Ontario and across Canada to be represented in their communities. In Ontario, some seniors are growing more comfortable with technology that provides them with new ways to mitigate alienation and create relationships and a sense of community. Hence, together it is the duty of The Ontario Government and the community to overcome all potential physical or social barriers to their participation and inclusion. This can be completed through community activism for the rights of Ontario's seniors (The Ontario Government, 2020). Architectural sociologist Janet Carpman wrote a book called *Design That Cares: Planning Health Facilities for Patients and Visitors*. In her book Carpman explains several methods that would enhance health facilities for patients such as having sensitivity to patient experiences, recognizing the role needs of visitors, and becoming more oriented with patients (Carpman 2016). Similar to Carpman's concept, health coordinates in SALCs and LTC homes must act with increased effort and responsibility during the COVID-19 pandemic by providing residents and members proper virtual orientations that spread awareness to necessary knowledge needed for them to take care of their health and well-being. To truly create a "design that cares", responsible and qualified health organizers must take charge of SALCs and LTCs planning and consistently keep track of patient's mental and physical health. A strong way to spread awareness during the COVID-19 pandemic would be for SALCs to advertise the ways to stay protected by following pre-caution measures: wearing a mask, social distancing etc. To reach as many people as possible, these criteria must be demonstrated on SALCs' websites, social media platforms, billboards, and other accessible technological and media approaches.

However, to adhere to Graham's "labor of love" mentality (1983) , SALCs must present the required health tips in a manner that does not cause anxiety nor panic to members, as doing so would not be sensitive to their experiences and could affect them on a psychological and personal level. Consequently, the solution to avoid this shortcoming is to provide brief, repetitive, and updated virtual seminars teaching pre-caution from COVID-19 rather than having lengthy seminars which would drain older adults. Also, since most media platforms target younger audiences, it is important for SALCs to be creative in distinguishing specific media types that older adults feel more comfortable and familiar using. Presenting seniors as actors in SALC commercials would allow older adults to feel more included seeing health tips being



applied on someone within their age group. Yet, SALC advertising must be produced to target both older and younger segments of the community to promote community activism and show consideration, care, and appreciation to Ontario's seniors especially during such difficult times. Also, clever media tactics would spread awareness to younger adults to follow a healthy lifestyle; this way, in the future when they reach retirement, they would utilize their pension money on luxury or interests rather than on fixing a life-time accumulation of unhealthy habits.

SALC advertising should also include a comparison between people who had good living habits throughout their lives, and others who followed unhealthy living habits. Producing this idea into a public commercial would warn both younger and older individuals from the implications of unhealthy decisions and the methods needed to avoid them. Health of older individuals is not a topic to be anticipated by a society's stereotypical mindset. It must be practically studied through their opinions and experiences. This could be done through a short monthly survey or questionnaire through phone, mail, or in person about their needs; this way SALCs and LTCs would genuinely adopt the correct ideas of older individuals about their own well-being. To provide older individuals a better lifestyle, SALCs should refer to The Government of Ontario *Ageing with Confidence: Ontario's Action Plan for Seniors* (2017) manuscript for more renovated ideas.

#### ***4-5 Other Suggestions to Gradually Diminish the Long-Term Care Crisis:***

- Create increased capacity and leverage the existing network of SALCs within a compound-complex area (in the case of moving to a larger building, the new location should preferably be accessible by residents (The Ontario Government, Aug 28, 2020)
- Provide access to an essential and well-equipped clinical team with a medical care clinic within the SALC in case of an urgent health inquiry (which would reduce emergency department and hospital admissions)
- Maximize independence and function for older individuals
- Offer house owning programs for seniors with limited income within the complex area
- Foster initiatives that promote age-friendly community development (The Ontario Government, 2020).

#### ***4-6 Chapter Summary***

In summary, residing in long-term care facilities has been an uncomfortable experience for seniors in Ontario. This situation has exacerbated due to the COVID-19 pandemic which calls for an immediate alternative solution. This chapter expounds on the idea that Seniors Active Living Centers (SALCs) can become the main solution to support long-term care homes during the COVID-19 Pandemic and beyond. This chapter thoroughly defines SALCs and demonstrates the benefits and advantages that they can provide to overcome ageism and discrimination; unsanitary living environments; shortage of staff; and alleged abuse and mistreatment in LTC homes. In addition, current SALCs in different cities within Ontario are more thoroughly explored, as well as the various social activities, actions, precautions and protocols implemented in SALCs since the outbreak of COVID-19. Media and technology involvement are explained as important methods to spread awareness for the LTC crisis. Also, suggestions on supporting and appreciating the significance of older adults' skills, wisdom, and expertise will be provided to combat age barriers to work in Ontario's community and demonstrate how SALCs could make that happen. Essentially, this chapter demonstrates how the SALC model can take part in ending the long-term care crisis by suggesting durable developments and enhancements to existing SALCs and long-term care homes. This is suggested as going by the "prevention is better than cure" mindset will improve living conditions for older residents in LTC homes, as well as put an end to the rapid spread of COVID-19 in LTC facilities (Fisman, 2020).

## CHAPTER 5

### *Conclusion*

Understanding the difficult circumstances of long-term care facilities will spread awareness to similar issues that exist not only in Ontario, but across Canada. Based on a review of current literature, it is clear that Ontario's long-term care facilities need to more effectively promote active living practices among their residents to improve their overall health and quality of life. This study demonstrates how Senior Active Living Centers (SALCs) can support and come together with long-term care homes to successfully end the ongoing crisis of long-term care. This is done by analyzing the proper funding criteria, grants, and policies needed to successfully launch a developed SALC model and examine how it can support LTC homes. The SALC model is capable of supporting long-term care facilities, thereby creating an advanced quality of life for older adults in Ontario. This is explained by identifying the problems, understanding the causes, and developing solutions to issues in long-term care facilities. The factors that contribute to the long-term care crisis in Ontario include unsanitary living environments; ageism and discrimination; shortage of staff in long-term care facilities, alleged abuse and mistreatment to residents, and the lack of proper funding. Overall, this paper explores limited active living and its impairment on seniors' quality of life, it recommends that the establishment of Seniors Active living Centers can help support active and healthy living in LTC homes by dividing staff and increasing their hours of work for a better wage; and providing more care for older adults through social and cultural programs in order to stimulate seniors motivation and independence.

Approximately 14,795 COVID-19 cases emerged from long-term care facilities as of February 6, 2021 (Public Health Ontario, 2021). Hence, serious measures must be taken by the government to provide extreme care during and beyond the pandemic to diminish the unsanitary and unhealthy living conditions that exist within these facilities. Restructuring long-term care is mandatory, and without a clear solution or amendment to the current situation and damages caused by COVID-19, further problems will continue to reoccur. Campbell (2004) explains the importance of institutional change and how life without solid institutions is prone to chaos. Thus, by applying the idea of imitation that stems from Rational Choice Institutionalism, a SALC

model can support LTC more efficiently by imitating the successful characteristics of peers and health organisations and strengthening other characteristics which may have required further planning. Consequently, the establishment of developed SALCs that provide benefits to seniors can gradually eliminate any further shortcomings that may occur from long-term care. In fact, the consequences of not putting forward an investment to help decrease the problem of long-term care far costlier as COVID-19 cases continue to increase. Hence, an upfront investment would help dodge exacerbated pressures in long-term facilities.

Older adults are often an invisible segment in society, and since society is judged by the way it treats its most vulnerable; as Canadians, it is a must to treat older individuals residing in long-term facilities with respect, dignity, and care, away from ageism. According to Stall (2020), this is the most suitable way to stay intact and consistent with the Canadian values of kindness and respect. Therefore, in order to secure older adults with their rights and benefits, the Ontario Government, political parties, and civil society must recognize and respect the importance of older adults in Canada's community. Ontario's community activism is important as the community must not forget nor neglect the contributions, skills, and expertise of older adults that paved the way to building modernized societies as we know them today; if there were a law to stop older adults from working when they reach an old age, society would not have witnessed the expertise and knowledge they provided humanity worldwide. Hence, society must support the involvement, association, and integration of seniors within society to offer them a happier state of mind.

Due to the lack of awareness about ageism, most of society today does not prioritize the age demographic of older adults despite their several sacrifices and contributions to Canada. Hence, a vital solution that would end the stigma against older adults and end elder discrimination among society is for the Ontario Government to improve its policies as it has reverted to failed strategies when caring for long-term care issues. Therefore, the present generation of younger adults must show gratitude to the older generations of their parents and grandparents who struggled and worked hard in their youth for them to live in the most convenient and comfortable conditions that simplify life today. If it was not for their efforts, society would not have reached the positive outcomes of today. The least that can be done to show gratitude is adhere to their requests and enhance their living standards.

Previous Premier of Ontario, Kathleen Wynne stated: “Our efforts to better support seniors are part of our ongoing work to build a fair society; we want every person in Ontario to benefit from the wealth of opportunities that our province has to offer, no matter their age” (The Ontario Government, 2017). This provides clear insight and shows positive initiative by the Ontario Government on their willingness to combat ageism, discrimination, and the social isolation of seniors in Ontario. Therefore, The Ontario Government must continue to make public the importance of the issues facing older adults in long-term care facilities. Treating older individuals as if they can no longer contribute to society must end through consistency in spreading social awareness and community activism in Ontario’s society. Minister of Seniors Affairs in Mississauga Ontario, Dipika Damerla declared:

“Together, we are working to create fairness and opportunities for seniors, ensuring that all older people in Ontario — our parents, grandparents, aunts and uncles, our brothers and sisters, friends and neighbors — are able to benefit from a wide range of seniors’ programs and services; our goal is to ensure that seniors today — and all of us who will one day join their ranks — are able to age with respect and dignity, and remain healthy, independent and as active as they wish” (The Ontario Government, 2017).

Furthermore, Ontario Government must not fail to reach the goals it has sought and continues seeking to fulfill. The project of providing improved living standards for older adults requires dedication, patience, effort, and consistency from policy makers, The Ontario Government, and Ontario’s community and civil society. Politicians must recognize the troublesome reality that exists in long-term care facilities and consider it a top priority in their political platform (CBC NEWS, 2020). All aspects must be considered to offer older adults the comfortable life they deserve and need during the COVID-19 pandemic and beyond. Increased attention and value must be given to the autonomy and individuality of older adults in long-term care homes, rather than treating each person as a number, especially during the COVID-19 pandemic. Hopefully this research paper works as an addition to improve the lives of older adults residing in long-term care facilities in Ontario and nationwide. Last but by no means not least, it is crucial to understand that longevity and quality of life are more important than quantity of life, and that morbidity is as important as mortality (Chu, 2020).

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